

Evidence for addition of
birth place shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILE NO. G 118 JAN 11 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: Talbot
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....
Hospital, institution, or street address where death occurred:
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State.....
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
Nathaniel Allen (Turpin)

3. (b) Social Security Number
217-27-2674

4. Sex
M
5. Color or race
Col
6. (a) Single, married, widowed, or divorced
Single

6. (b) Name of husband or wife.....
6. (c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.) November - 30 - 1930

8. AGE: Years Months Days If less than one day
18 yrs One hrs. five min.

9. Birthplace.....
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. Burial, cremation, or removal, Which?.....

Date thereof.....

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. 12/27 1948 N.H. Keener

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 26 Dec 1948 at 1:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....
and that I last saw h..... alive on.....

Immediate cause of death.....
DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Where did injury occur?.....

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

Address.....

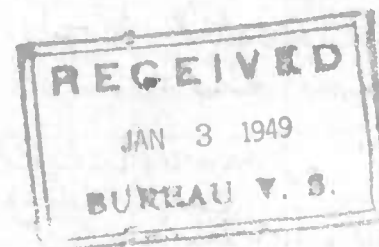
Date signed.....

MARGIN RESERVED FOR BINDING

VS A15

9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12817

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH:

County Talbot
 City or town Sherwood
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 years
 Hospital, institution, or street address where death occurred:
None
 How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Talbot
 City or town Sherwood, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

William H. Benhoff

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mary E. Benhoff

6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.)

July 29, 1883

8. AGE:

Years
65Months
4Days
9

If less than one day

hrs. min.

9. Birthplace

Baltimore, Maryland
(Town, county, and state)

10. Usual occupation

Machinist

11. Industry or business

Navy Yard

MOTHER FATHER

12. Name

George T. Benhoff

13. Birthplace

Baltimore, Maryland

14. Maiden name

Lena Smith

15. Birthplace

Baltimore, Maryland

16. Informant

Mrs. Mary E. Benhoff

Address

Sherwood, Maryland

17.

(Burial, cremation, or removal, Which?)

Date thereof Dec 10, 1948
(month) (day) (year)

Cemetery or crematory

Cedar Hill Cemetery

Location

Suitland, Maryland

18. Funeral director

Newnam & Harrison

Address

St. Michaels, Maryland

19.

Dec 9
(Date rec'd by registrar)19 48G. W. Swell
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 19 48 at 7:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 48 to Dec 8 19 48and that I last saw him live on Dec 8 19 48Immediate cause of death Acute left ventricular heart failureDue to hypertensionOther conditions None

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE G. W. Swell M. D. or other _____Address _____ Date signed 12/9/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 16 1948

BUREAU V. S.

DUP

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12818

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH- COUNTY <u>Talbot</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Easton</u> TOWN <u>Easton</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Centerville Road</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Talbot</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Easton</u> TOWN <u>Easton</u> STREET ADDRESS <u>Centerville Road</u>	
3. NAME OF DECEASED (Type or Print) <u>JOHN</u> (First) <u>THOMAS</u> (Middle) <u>GANNON</u> (Last)		4. DATE OF DEATH <u>Dec.</u> <u>22</u> (Month) (Day) (Year) <u>1948</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 29, 1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	9. AGE last birthday <u>75</u> yrs. If under 1 year: Months <u>3</u> Days <u>23</u> If under 24 hrs. Hours <u>23</u>
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>James Gannon</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Willis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Arthur Gannon (Son)</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) KachexiaAntecedent cause(s) (b) Paralysis agitans

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT (Specify) <u>SUICIDE</u> HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from May 6, 1948, to Dec. 22, 1948, that I last saw the deceased alive on Dec. 21, 1948, and that death occurred at 8:20 m., from the causes and on the date stated above.

SIGNATURE Dr. L. Lederer

(Degree or title)

ADDRESS Med. AnneDATE SIGNED 12/24/48

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>Dec. 27, 1948</u>	NAME OF CEMETERY OR CREMATORY <u>Spring Hill</u>	LOCALITY (City, town, or county) <u>Easton</u>	(State) <u>Md.</u>
DATE REC'D BY LOCAL REG. <u>12/23/48</u>	REGISTRAR'S SIGNATURE <u>N. H. Neer</u>	24. FUNERAL DIRECTOR <u>J. Ellis Clark</u>	ADDRESS <u>Easton, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 18 1949

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot CountyCity or town Easton, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 days

Hospital, institution, or street address where death occurred:

Easton Memorial HospitalHow long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline Co.City or town Denton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____ ✓

3. (a) FULL NAME

Baby Boy Caudill, RICHARD WAYNE

3. (b) Social Security Number

4. Sex M- 5. Color or race W. 6.(a) Single, married, widowed, or divorced infant.

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Dec 24, 19488. AGE: Years _____ Months _____ Days 3 If less than one day _____ hrs. _____ min.9. Birthplace Memorial Hosp. Easton Md
(Town, county, and state)10. Usual occupation none (Infant)

11. Industry or business _____

12. Name Mr Samuel Kaufman

13. Birthplace _____

14. Maiden Name Miss Mildred Caudill15. Birthplace Kentucky16. Informant Miss Mildred CaudillAddress Denton Md17. Burial Date thereof 12-29-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Denton CemeteryLocation Denton Md18. Funeral director J. P. H. MooreAddress Denton Md19. 12/28 19 48 N.H. Neerer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 19 48 at 6:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 24 19 48 to Dec. 27 19 48and that I last saw him alive on Dec 27 19 48

Immediate cause of death _____

congenital heart defectPatent ductus arteriosus

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Dr. Paul Thoms M. D. or other _____Address Denton Md Date signed 12/28/48

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JAN 3 1949

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 128240

1. PLACE OF DEATH:

County Dorchester
 City or town Crofton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 da 12 hrs 55 min
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution? 3 da 12 hrs 55 min

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Crofton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION) ☒
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Emory Coughlin

3. (b) Social Security Number

4. Sex male 5. Color or race W 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Lillie Coughlin

7. Birth date of deceased (mo., day, yr.) Nov. 19, 1883 6.(c) If alive, give age _____ years

8. AGE: Years 65 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore Md
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business _____

12. Name James Coughlin

13. Birthplace Baltimore Md

14. Maiden name Hester Webster

15. Birthplace Deaf's Island

16. Informant Mrs. Lillie V. Coughlin

Address Crofton, Md

17. Burial Date thereof 12/4/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge Md.

18. Funeral director Le Compte Funeral Service

Address Cambridge Md.

19. 12/3 19 48 M. H. Reeves
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-2-48 at 3:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 19 46 to 2 Dec 19 48

and that I last saw him alive on 2 Dec 19 48

Immediate cause of death Myocardial infarction DURATION _____

Due to chronic atherosclerosis

Due to hypertension

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Thomas H. Harrison M.D. M. D. or other _____

Address Crofton Maryland Date signed 2 Dec 48

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DEC 10 1943

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: Talbot
 County Talbot
 City or town Easton Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 27 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State MD County Talbot
 City or town Easton Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Lillie Rebecca Craft

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife James T. Craft
 7. Birth date of deceased (mo., day, yr.) May 3, 1874
 6. (c) If alive, give age _____ years

8. AGE: Years 74 Months 7 Days 9 _____ hrs. _____ min.

9. Birthplace Irasonville, Queen Anne Co.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Samuel M. Muller
 13. Birthplace Delaware

14. Maiden name Mary Hoxter
 15. Birthplace Queen Anne Co. Md.

16. Informant Miss Mae Craft
 Address Easton, Rural Md.

17. Burial Date thereof Dec. 15, 48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring Hill Cemetery
 Location Easton, Md.

18. Funeral director John D. Williams
 Address Easton, Md.

19. 12/14 19 48
 (Date rec'd by registrar) Registrar N. H. Neer

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12th 19 48 at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 47 to Dec 12 48
 and that I last saw him alive on Dec 10 48

Immediate cause of death _____ DURATION _____

Coronary Thrombosis minutes
 Due to _____

General Arteriosclerosis yes
 Due to _____

Other conditions Modest. Left Hemiplegia 1 yr.
 (Include pregnancy within 3 months of death)

Major findings and operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Walter F. Buell MD M. D. or other _____
Easton Md. Address _____ Date signed 12-13-48

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DEC 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 292

12822

830

1. PLACE OF DEATH:

County Talbot
 City or town Trappe
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all of life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Talbot
 City or town Trappe
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mollie Griffiths Cryer

3. (b) Social Security Number

None

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widow
 6.(b) Name of husband or wife John L. Cryer
 7. Birth date of deceased (mo., day, yr.) Apr. 11, 1864
 8. AGE: Years 84 Months 8 Days 8 It less than one day _____ hrs. _____ min.

9. Birthplace Trappe Talbot Co. Md.
(Town/county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Thomas Clemency13. Birthplace Talbot Co. Md.14. Maiden name Ruth Griffin15. Birthplace Talbot Co. Md.16. Informant Mr. Milton CryerAddress Trappe Md. RD17. Burial Date thereof 11/21/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Spring HillLocation Easton, Md.18. Funeral director Maurice Newman SonsAddress Easton, Md.19. 12/20/48 19 Joseph Adams
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19, 1948 at 830 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1947 to Dec. 1948
 and that I last saw him alive on Dec. 1948
 Immediate cause of death Cerebral hemorrhage DURATION 6 days
Arterio-sclerosis with
Hypertension 10 yrs.

Due to _____
 Due to _____
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

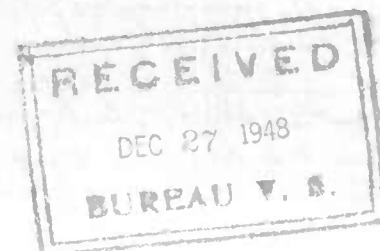
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE William S. Seymour M. D. or other _____Address Trappe Md. Date signed 12/20/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 292

1. PLACE OF DEATH

County Talbot
 City or town Trappe (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? All of life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot
 City or town Trappe (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Mary Dobson

3. (b) Social Security Number

None

4. Sex Female 5. Color of race white 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife John F. Dobson

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1873 6. (c) If alive, give age years

8. AGE: Years 75 Months 2 Days 23 If less than one day hrs. min.

9. Birthplace Balto. Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Essie Roberts

13. Birthplace Balto. Md.

14. Maiden name unknown

15. Birthplace unknown

16. Informant Mrs. Bessie Saunders

Address Easton Md. RD

17. Burial Date thereof Dec. 18, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton - Md.

18. Funeral director Maurice E. Korman & Co.

Address Easton - Md.

19. Dec 17 - 1948 Joula Ross
 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15, 1948 at 8 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1947 to Dec. 15, 1948

and that I last saw him alive on June 1948

Immediate cause of death Carcinoma of uterus

DURATION

16 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Joula Ross M. D. other

Address Trappe Md Date signed 11/17/48

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DEC 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

12824

1572

1. PLACE OF DEATH:

County Calvert
 City or town Easton Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 day 23 hrs 15 min.
 Hospital, institution, or street address where death occurred:
Memorial Hosp.
 How long in hospital or institution? 1 day 23 hrs 15 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline Co.
 City or town Ridgely Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Baby Girl Halby

3. (b) Social Security Number

4. Sex F. 5. Color or race W 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Dec 2, 1948 8. (c) If alive, give age _____ years

8. AGE: Years _____ Months 1 Days 23 If less than one day _____ hrs. 15 min.

9. Birthplace Memorial Hospital Easton Md.
 (Town, county, and state)

10. Usual occupation none

11. Industry or business

12. Name Clarence Halby13. Birthplace Worcester County14. Maiden name Carrie Putney15. Birthplace Greenboro. Md.16. Informant Mrs. Carrie HalbyAddress Ridgely Md.

17. Cremation Date thereof 12/5/48
 (Burial, cremation or removal, which?) (month) (day) (year)

Cemetery or crematory Memorial HospitalLocation Easton Md.18. Funeral director Memorial HospitalAddress Easton Md.19. 12/5- 19 48 N. H. Neirux

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 4 1948 at 6:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
12 - 2 - 1948, to 12/4/1948

and that I last saw him alive on 12-3- 1948

Immediate cause of death _____

Patent Ductus arteriosus Congenital

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results Patent Ductus Arteriosus

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE P. S. Cox M.D.Address Easton Md. Date signed _____

RECEIVED

DEC 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. *290*

1. PLACE OF DEATH:

County *Frederick*
 City or town *Patuxent*
 (If outside city or town limits, write RURAL and give nearest town)
 How long above place of death? *2 days*
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State *MD* County *Frederick*
 City or town *Easton*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Annette Dulin

3. (b) Social Security Number

4. Sex *F* 5. Color or race *W* 6. (a) Single, married, widowed, or divorced *Widowed*6. (b) Name of husband or wife *Robert Henry Dulin*7. Birth date of deceased (mo., day, yr.) *Aug 13, 1864* 6. (c) If alive, give age _____ years8. AGE: Years *81* Months *4* Days *9* If less than one day _____ hrs. _____ min.9. Birthplace *Annapolis, Maryland*
(Town, county, and state)10. Usual occupation *Housewife*

11. Industry or business _____

12. Name *Ross Smith*13. Birthplace *Del.*14. Maiden name *John Evans*15. Birthplace *Del.*16. Informant *Medical Examiner*Address *Baltimore, Md.*17. *Burial* Date thereof *Dec 21, 1948*
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory *Spring Hill*Location *Patuxent, Md.*18. Funeral director *Robt. Stark*Address *Patuxent, Md.*19. *12/23* 19 *48* *N.D. Nemer*
(Date reg'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *Dec 22* 19 *48* at *6:08* PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *August 1947* to *Dec 22 1948* and that I last saw him alive on *December 21 1948*Immediate cause of death _____ DURATION *yr.**Carcinoma of Rectum*

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations *Carcinoma*Date of op. *11-1947*

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury _____ Injured at work? _____

23. SIGNATURE *Walter F. Buell, M.D.*Address *Easton, Md.* Date signed *12-23-48*

RECEIVED

DEC 28 1948

BUREAU V. S.

EVIDENCE FOR ADDITION OF
INFO. ITEM # 22 SHOWN ON
FILM No. G 118 JAN 21 1949

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton R.F.D. # 4
(If outside city or town limits, write RURAL and give nearest town)
How long above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution? 2 wks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.F.D.
(If rural, give LOCATION)
2(a) If veteran, name war none

3. (a) FULL NAME Nannie E. Harris 3. (b) Social Security Number none

4. Sex F 5. Color or race Col'd 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife Frank Harris

7. Birth date of deceased (mo., day, yr.) (Unknown) 1864 6. (c) If alive, give age 1 years

8. AGE: Years about 84 Months unknown Days unknown If less than one day hrs. min.

9. Birthplace Talbot County Md.
(Town, county, and state)

10. Usual occupation house work

11. Industry or business unknown

12. Name unknown

13. Birthplace unknown

14. Maiden name Margaret Davidson

15. Birthplace Talbot County

16. Informant Maudie Fountain

Address Easton, R.F.D. # 4

17. Burial Date thereof 12-22-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Crytown

Location Talbot Co.

18. Funeral director Lin W. Henry

Address Easton Md.

19. 12/20 48 N.R. Peries
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18 19 48 at 9:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-30 48 to 12-18 48

and that I last saw him alive on 12-17 19 48

Immediate cause of death Generalized Aortic Aneurysm DURATION 7 yrs.

Due to Generalized Aortic Aneurysm

Other condition Fractured femur

(Include pregnancy within 8 months of death)

Major findings of operations Fractured femur

femur right Date of op. 10-30-48

Autopsy results Physician: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Nov. 1948

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury fell while walking across floor Injured at work? no

cleaning a child's cot

23. SIGNATURE Walter F. Buell MD or other MD

Address Easton Md Date signed 12-20-48

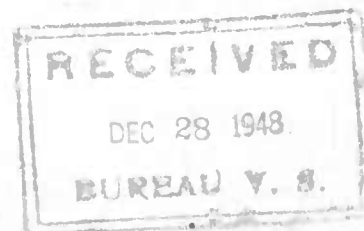
MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7281
78
8761.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

admission 12/24

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

12827

1. PLACE OF DEATH:

County Talbot CountyCity or town Easton, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 days

Hospital, institution, or street address where death occurred:

Easton Memorial HospitalHow long in hospital or institution? 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State New York CountyCity or town Brooklyn
(If outside city or town limits, write RURAL and give nearest town)Street No. 587 Third Street
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Mrs. Mary Kelly

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced widow

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-3-18738. AGE: Years 75 Months 1 Days 27 if less than one day
hrs. min.9. Birthplace New York - N.Y.
Town, county, and state10. Usual occupation none H.W.

11. Industry or business

12. Name John Maguire13. Birthplace New York14. Maiden name Rose Rail15. Birthplace Ireland16. Informant Mrs. Thomas E. FarrellAddress Truff Creek, Easton Md.17. Burial Date thereof 1/3/48
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory CalvaryLocation New York N.Y.18. Funeral director Maupie E. NewmanAddress Easton Md.19. 12/31/48 19 48 N.H. Nevers
(Date recd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 19 48 at 4:15 p.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 24 19 48 to Dec 30 19 48and that I last saw him alive on Dec 30 19 48

Immediate cause of death

DURATION

Coronary thrombosis 6 days
Due to General Arterio Sclerosis yes
Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Martin F. Buell M.D. M. D. or otherAddress Easton Md. Date signed 12-31-48

RECEIVED

JAN 6 1949

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot Co.
 City or town Easton, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 hr. 15 min.
 Hospital, institution, or street address where death occurred:
Memorial Hospital, Easton, Md.
 How long in hospital or institution? Dec 2, 1948 11 am to 3 pm

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Easton Md. - County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Goldsmith St., Easton, Md.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Mrs. Gerona Bunt Lewis

3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Mr. Fred F. Lewis

7. Birth date of deceased (mo., day, yr.) Brunswick, N.Y. 23, 1879
 6.(c) If alive, give age 69 years

8. AGE: Years 69 Months 0 Days 4 If less than one day 15 min.

9. Birthplace Pennsylvania
 (Town, county, and state)

10. Usual occupation H.W.

11. Industry or business

12. Name Mr. Borge W. Bunt

13. Birthplace Penn.

14. Maiden name Edith Jackson

15. Birthplace Penn.

16. Informant Mrs. Fred S. Lewis

Address Goldstone St., Easton, Md.

17. Removal Date thereof 12/5/48
 (Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Wesley

Location Wesley, Talbot Co., Md.

18. Funeral director Edith Clark

Address Easton, Md.

19. 12/4 1948 N.A. Neer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3, 1948 at 3:35 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 18, 44 to December 3, 1948 and that I last saw her alive on Dec. 3, 1948

Immediate cause of death Cerebral Hemorrhage DURATION 6 hours

Due to Hypertension 15 yr.

Due to

Other conditions Chronic Hypertension 15 yr.

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE M. V. Palmer, Jr. M. D. or other

Address Easton, Md. Date signed 12/4/48

RECEIVED

DEC 10 1948

BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Calvert
 City or town Crofton Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 38 days (no 27 days)
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Richard Leroy Jenkins Lewis

3. (b) Social Security Number

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

8. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

10-18-48

8. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

127

hrs.

min.

9. Birthplace

Crofton Md. Talbot Co.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

James Lewis
Crofton Talbot Co. Md.

13. Birthplace

MOTHER

14. Maiden name

Mary Jenkins
Crofton Talbot Co. Md.

15. Birthplace

18. Informant

Address

James Lewis
Crofton Talbot Co. Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

12/16/48
(month) (day) (year)

Cemetery or crematory

Location

Richardson Cemetery
Crofton, Md.

18. Funeral director

Address

Charles Hofford
Crofton, Md.

19.

(Date rec'd by registrar)

19

48N.H. Neenan

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

12-151948 at C/104 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19____, to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death

Prematurity (6 mos)
? Congenital syphilis

DURATION

Due to

Other conditions

Ignorance & indifference
(Include pregnancy within 3 months of death)

Major findings of operations

_____ Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

Lewis S. Neenan

M. D. or other

Address

Crofton MdDate signed 12-15-48

RECEIVED BY TELETYPE UNIT

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(down)

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RECEIVED
DEC 21 1948
BUREAU V. S.

(up)

16

17

18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot CountyCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 43 days

Hospital, institution, or street address where death occurred:

Memorial Hospital - Easton - MarylandHow long in hospital or institution? 43 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Greensboro
(If outside city or town limits, write RURAL and give nearest town)Street No. Rural
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Bertha Longfellow, Miss

3. (b) Social Security Number

4. Sex

FEMALE

5. Color or race

WHITE

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal) Which

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

49

N.H. Nevers

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 30 -1948, at 2 45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11-18 1948 to 11-30 1948and that I last saw him alive on 11-30-48 1948

Immediate cause of death

DURATION

Metastatic Carcinoma 3 months

Due to

Original from not determined

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

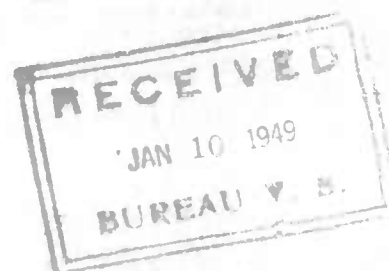
Injured at work?

23. SIGNATURE

B. Cop m d

M. D. or other

Address Easton Md Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12831
Reg. Dist. No. 290

1. PLACE OF DEATH:

County Sevier
City or town Paul Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 weeks
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Mo. County Sevier
City or town Easton Mo.
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

Ann Catherine Macklem

3. (b) Social Security Number

4. Sex F. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife William Jacob Macklem
7. Birth date of deceased (mo., day, yr.) August 19, 1870 5. (c) If alive, give age _____ years
8. AGE: Years 78 Months 5 Days 3 If less than one day _____ hrs. _____ min.

9. Birthplace Steeples Point, Dry Creek, Tenn.
(Town, county and state)
10. Usual occupation Housewife
11. Industry or business _____
12. Name Christian Walker
13. Birthplace Mo.
14. Maiden name Ann Catherine
15. Birthplace Mo.

16. Informant Mr. Charles Taylor
Address Mayfield
17. Burial Date thereof Dec 8, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Spring Hill
Easton, Mo.
Location _____
18. Funeral director Beni Clark
Address Easton, Mo.
19. 12/2 48 N. H. Neerius
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1 19 48 at 6:00 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1 19 48 to Dec 1 19 48
and that I last saw him alive on December 1 19 48

Immediate cause of death _____
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations _____
Date of op. _____
Autopsy results _____
PHYSICIAN: Please endorse the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work?

23. SIGNATURE Walter F. Buel
M. D. or other _____
Address Easton, Mo. Date signed 12-2-48

RECEIVED

DEC 10 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Calvert
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Calvert
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

John Frank Marshall

3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Lucie Marshall 6.(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Dec. 7, 1880

8. AGE: Years 68 Months 0 Days 7 If less than one day hrs. min.

9. Birthplace Union Mills, Calvert, Md.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name Brunbury Marshall

13. Birthplace Md.

14. Maiden name William D. Harensch

15. Birthplace Md.

16. Informant Mr. J. Frank Marshall

Address Easton - Md.

17. Buried Date thereof Dec. 14, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Quincy Hill

Location Easton, Md.

18. Funeral director Ray C. Cook

Address Easton, Md.

19. 12/10/48 N. H. Neenan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9, 1948 at 1:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on 19 to 19

Immediate cause of death

Coronary occlusion Ischemic

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underlie the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William J. Kelly M.D.

M. D. or other

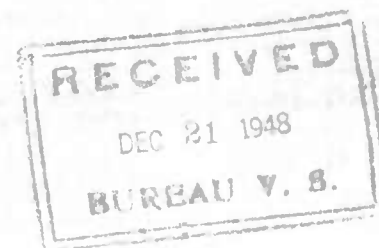
Address Easton, Md. Date signed 12-10-48

MARGIN RESERVED FOR BINDING

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VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

EVIDENCE FOR ADDITION IN
21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM No. G 118 JAN 25 1949 CERTIFICATE OF DEATH

1952

12833

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot County
City or town Easton, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 24 hours
Hospital, institution or street address where death occurred:
Easton Memorial Hospital
How long in hospital or institution? 24 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent County
City or town Millington
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME Mr. James Mc Fee
3. (b) Social Security Number _____

4. Sex M 5. Color or race W. 8.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1867
6.(c) If alive, give age _____ years

8. AGE: Years 81 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace md
(Town, county, and state)

10. Usual occupation Farmer Laborer

11. Industry or business _____

12. Name John Mc Fee

13. Birthplace Talbot

14. Maiden name Sarah Stewart

15. Birthplace md

16. Informant Mrs James Regg

Address Millington, Md

17. Burial Date thereof 12/27/48
(Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Millington

Location Millington md

18. Funeral director Edward C. Newer

Address Millington Md

19. 12/24 48 N.D. Neerer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23 19 48 at 5:40 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21 Dec 19 48 to 23 Dec 19 48
and that I last saw him alive on 23 Dec 48

Immediate cause of death Bronchopneumonia
DURATION 4 days

Due to Pneumonia

Due to Fract. Hip left

Other conditions No history could be obtained, as patient was found and brought to the hospital because he had no one to care for him 12/25/49 also

Major findings of operations _____
Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE E.T. Kungur
M. D. or other _____

Address Easton md Date signed _____

RECEIVED

JAN 3 1949

BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: Talbot
 County Bozman, Maryland
 City or town Life
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred: None
 How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Talbot
 City or town Bozman, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. None
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME ROBERT J. McQUAY

3. (b) Social Security Number
None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Laura H. McQuay
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) April 8, 1875
 8. AGE: Years 73 Months 8 Days 19 If less than one day hrs. min.

9. Birthplace Bozman, Maryland
 (Town, county, and state)
 10. Usual occupation Merchant
 11. Industry or business
 12. Name William N. McQuay
 13. Birthplace Bozman, Maryland
 14. Maiden name Margaret Ann Kerper
 15. Birthplace Bozman, Maryland

16. Informant Mrs. Flora Cooper
 Address Bozman, Maryland

17. Burial Date thereof December 29, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Bozman Cemetery
 Location Bozman, Maryland

18. Funeral director Newnam & Harrison
 Address St. Michaels, Md.

19. Dec 28, 1948 Mrs. Robert J. McQuay
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27, 1948, 4:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 6, 1947 to Dec. 27, 1948
 and that I last saw him alive on December 27, 1948

Immediate cause of death Hemorrhage, Cerebellum DURATION 3 days

Due to Essential Hypertension 10 yrs.

Due to Chronic myocarditis 5 yrs.

Other conditions Chronic Nephritis 5 yrs.
 (Include pregnancy within 3 months of death)

Major findings of operations None Date of op. None

Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide None Date of None

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) None

Means of injury None Injured at work? None

23. SIGNATURE Robert H. Brink, M.D.
Robert H. Brink, M.D. M.D. or other

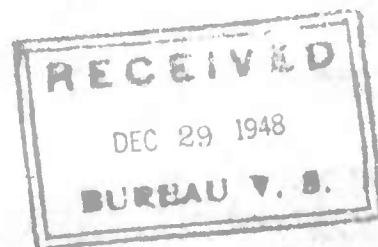
Address St. Michaels, Md. Date signed 12/28/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TalbotCity or town Easton Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Easton Memorial HospitalHow long in hospital or institution? 21 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Henderson RD
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____ ✓

3.(a) FULL NAME

Mr. William Milke

3.(b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) April 3, 1885

8. AGE: Years Months Days If less than one day

6381

hrs. min.

9. Birthplace Russia
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business _____

12. Name Mr Ludwig Milke13. Birthplace Poland14. Maiden name Friederica Weisentauch15. Birthplace Poland16. Informant Mr Rose KusmalAddress Henderson, Md17. Date thereof Dec 7, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory GreensboroLocation Greensboro Md.18. Funeral director Raymond B. PawlengoAddress Greensboro, Md.19. 12/5 48 N.H. Neuen

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4, 1948 at 8:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

9/31 1947 to 12/4 1948and that I last saw him alive on 12/4/48 1948

Immediate cause of death _____ DURATION

Coronary Occlusion 2 daysDue to Arteriosclerotic Heart Disease 5

Due to _____

Other conditions Carcinoma of bladder

(Include pregnancy within 8 months of death)

Major findings of operations Carcinoma of bladderDate of op. Ext 1948

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE B. C. M.D.

M. D. or other

Address Easton, Md. Date signed _____

RECEIVED

DEC 10 1943

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

12836

1. PLACE OF DEATH:

County TalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Easton Hospital - Easton Md.

How long in hospital or institution?

9 days

3. (a) FULL NAME

ELISHA NICHOLS

3. (b) Social Security Number

4. Sex

MALE

5. Color or race

WHITE

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Katie Nicholswife

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

June 3, 1974

8. AGE:

Years

Months

Days

If less than one day

74721

hrs.

min.

9. Birthplace

Caroline County
(Town, county, and state)

10. Usual occupation

(None) Carpenter

11. Industry or business

12. Name Luke Nichols13. Birthplace Caroline County14. Maiden name Martha D. Jeff15. Birthplace Caroline County16. Informant Mrs. Katie NicholsAddress 204 2nd St. Denton Md17. Buried Date 27-12-48
(Burial, cremation, or removal) (month) (day) (year)Cemetery or crematory Denton CemeteryLocation Denton Md18. Funeral director J. Virgil Thomas & SonAddress Denton Md19. 12/26 19 48 N.H. Newnes
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Route
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

MEDICAL CERTIFICATION

2D. DATE OF DEATH Dec 25 19 48 at 3:00 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 15 19 48 to Dec 25 19 48and that I last saw him alive on Dec 23 19 48Immediate cause of death Coronary ThrombosisDURATION 48 hrsDue to Coronary arterysclerosis

Due to _____

Other conditions Pneumonia 10 dayCarcinoma of the prostate 8 yearsObstructive
(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Wm Lederer M.D.Address Green Lane Md Date signed 12/26/48

RECEIVED

JAN 3 1949

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 292

1. PLACE OF DEATH:
County Talbot
City or town Trappe
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 12 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MD County Talbot
City or town Trappe
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME Mrs. Owen B. Rice (Anna S.) 3. (b) Social Security Number None

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed
6. (b) Name of husband or wife Owen B. Rice
6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) Dec. 5, 1880
8. AGE: Year 68 Months 0 Days 18 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business _____

12. Name H. C. Huffington
13. Birthplace Maryland
14. Maiden name Mary Jacobs
15. Birthplace Maryland

16. Informant Mrs. Anna Laue
Address 2360 Washington Blvd. Balt. Md.
17. Burial Date thereof Dec. 27, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring Hill
Location Easton, Md.
18. Funeral director Maurice E. Newman & Co.
Address Easton - Md.

19. Dec 27 19 48 Joyla Rose
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 19 48 at 2:45 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1943 to Dec. 1948
and that I last saw h. or ally on Dec. 22 19 48
Immediate cause of death Valvular heart
(Mental degeneration & M. Shunt) 2 yrs
Due to Hypertension 5 yrs
Due to Arterio-sclerosis 5 yrs
Other conditions Diabetes mellitus 7 yrs
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

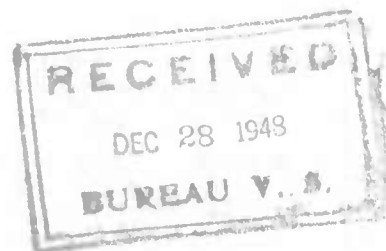
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE William S. Seymour M. D. or other _____
Address Trappe Date signed 12/24/48

MARGIN RESERVED FOR BINDING

VS A15 9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



DUP

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

12838

331
83a

1. PLACE OF DEATH- COUNTY <u>Talbot</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Throat's Convalescent Home</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Talbot</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural</u> TOWN <u>Easton</u> STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) <u>FANNIE</u> (First) <u>B.</u> (Middle) <u>RIGBY</u> (Last)		4. DATE OF DEATH <u>Dec. 22, 1948</u> (Month) (Day) (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Mar. 31, 1887</u>
9. AGE last birthday <u>61</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	13. FATHER'S NAME <u>Charles Rigby</u>	14. MOTHER'S MAIDEN NAME <u>Mary Caroline Rigby</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY No. <u>None</u>	17. INFORMANT <u>Mrs. Della Moore (Sister)</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Cerebral hemorrhage</u>		<u>2 wks</u>
Antecedent cause(s) (b) <u>Arteriosclerotic artery disease</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Secondary aneurysm</u>		<u>more than 47 years</u>
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Mar. 44</u> 19 <u>44</u> to <u>Dec. 22, 1948</u> , that I last saw the deceased alive on <u>Dec. 19, 48</u> , and that death occurred at <u>5:15</u> m., from the causes and on the date stated above.		
SIGNATURE <u>Kurt Lederer M.D.</u>		DATE SIGNED <u>12/24/48</u>
23. BURIAL CREMATION <u>Burial</u>	DATE <u>Dec. 24, 1948</u>	NAME OF CEMETERY OR CREMATORY <u>Spring Hill</u>
LOCATION (City, town, or county) <u>Easton</u>	(State) <u>Md.</u>	
DATE REC'D BY LOCAL REG. <u>12/23/48</u>	REGISTRAR'S SIGNATURE <u>N. H. Neerue</u>	24. BONA FIDE DIRECTOR <u>R. Ellis Clark</u>
ADDRESS <u>Easton, Md.</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 18 1949

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Seaton (Memorial Hospital)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? about 18 days
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution? about 18 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne's
 City or town and, Queenstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war World War # 1 ✓

3. (a) FULL NAME

William Shaney

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MaleWhitewidowed

6. (b) Name of husband or wife

May Shaney

7. Birth date of deceased (mo., day, yr.)

Oct. 1, 1887

8. AGE:

Years

Months

Days

If less than one day

67121hrs.min.

9. Birthplace

Boston Mass.
(Town, county, and state)

10. Usual occupation

Gasoline Station Operator

11. Industry or business

FATHER

12. Name

Alexander Shaney

13. Birthplace

Baltimore Md

MOTHER

14. Maiden name

Margaret Doran

15. Birthplace

Louisiana

16. Informant

Mrs Margaret Warner

Address

Queenstown Maryland

17. Burial, cremation, or removal, Which?

Burial

Date thereof

Dec 27, 48
(month) (day) (year)

Cometary or crematory

Chestersfield

Location

Centerville Maryland

18. Funeral director

Barton Bros

Address

Centerville Maryland

19. Date rec'd by registrar

12/2448N. R. Meier
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 19 48 at 6 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death

Acute Coronary Occlusion

DURATION

Due to

Due to

Other conditions This man was found dead in bed

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

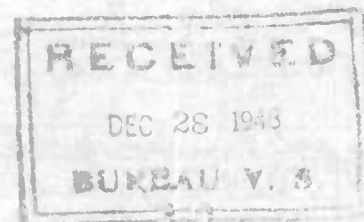
Means of injury Injured at work?

23. SIGNATURE W. Henry Fisher
Deputy Med Exam M. D. or otherAddress Centerville Md Date signed 12/22-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Reg. Diat. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: County <u>Delaware</u> City or town <u>Easton Maryland</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>7 hrs. 15 min.</u> Hospital, institution, or street address where death occurred: <u>Memorial Hospital</u> How long in hospital or institution? <u>7 hrs. 15 min.</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Caroline</u> City or town <u>Easton Md</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>N. 6th Street</u> (If rural, give LOCATION) 2.(a) If veteran, name war <u>✓</u>	
3.(a) FULL NAME <u>Mr. Norman L. Slaughter</u>		3.(b) Social Security Number 	
4. Sex <u>M</u>	5. Color or race <u>W</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>	
6.(b) Name of husband or wife <u>Mrs. Grace Slaughter</u>			
7. Birth date of deceased (mo., day, yr.) <u>Nov. 8, 1912</u>		6.(c) If alive, give age years	
8. AGE: Years <u>36</u> Months Days If less than one day hrs. min.			
9. Birthplace <u>Maryland</u> (Town, county, and state)			
10. Usual occupation <u>Mechanic</u>			
11. Industry or business			
MOTHER FATHER	12. Name <u>John Slaughter</u>		
	13. Birthplace <u>Delaware</u>		
	14. Maiden name <u>May F. Slaughter</u>		
MOTHER FATHER	15. Birthplace <u>Md</u>		
	16. Informant <u>Mr. Edward Henry</u> Address <u>Delaware</u>		
17. Burial <u>Delaware</u> (Burial, cremation, or removal. Which?) Date thereof <u>12-8-48</u> (month) (day) (year) Cemetery or crematory <u>Delaware Cemetery</u> Location <u>Delaware</u>			
19. Funeral director <u>J. Virgil Moore & Son</u> Address <u>Delaware</u>			
19. <u>12/6</u> <u>48</u> <u>NA</u> <u>Reed</u> (Date rec'd by registrar) Registrar			

MEDICAL CERTIFICATION
20. DATE OF DEATH 12/5/48 19..... at 10 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19..... to 19.....
 and that I last saw him alive on 19.....
Immediate cause of death Contusion + laceration brain
Fall downstairs
Due to
Due to
Other conditions
 (Include pregnancy within 3 months of death)
Major findings of operations
 Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident Date of 12-5-48
 Where did injury occur? Easton Car. Md
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) home
 Means of injury fall downstairs Injured at work? No
23. SIGNATURE Louis M. White MD
Easton Md M. D. or other
 Address Date signed 12-6-48

RECEIVED
DEC 18 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County JeffCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 65

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County JeffCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

James Henry Taylor

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M6. (b) Name of husband or wife Ninnie A. Bennett Taylor7. Birth date of deceased (mo., day, yr.) October 26, 1876 6. (c) If alive, give age 73 years8. AGE: Years 74 Months 1 Days 25 If less than one day _____ hrs. _____ min.9. Birthplace Seaford Delaware
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name James Rubin Taylor13. Birthplace Del.14. Maiden name Miss Jane Warrington15. Birthplace Del.16. Informant Mr. J. Henry TaylorAddress Easton Md17. Burial Date thereof Dec 24, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Spring HillLocation Easton Md18. Funeral director Robert ClarkAddress Easton Md19. 12/25 19 48 N. H. Neerun
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 19 48 at 2:30 PM21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 1940 to 12/21/1948 and that I last saw him alive on 12/20/1948

Immediate cause of death _____ DURATION _____

Cardio-renal disease yearsDue to arteriosclerosis, generalized year

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury _____ Injured at work? _____

23. SIGNATURE W. C. Cox M.D. M. D. or otherAddress Easton Md Date signed 12/22/48

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JAN 3 1949

BUREAU V. S.

FILED No. G 118 JAN 21 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot CountyCity or town Easton, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Twenty four days

Hospital, institution, or street address where death occurred:

Easton Memorial HospitalHow long in hospital or institution? Twenty four days

3. (a) FULL NAME

Annie Thomas4. Sex F5. Color or race Colored6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) (Unknown) APT 18728. AGE: Years 76 Months 0 Days 0 It less than one day 0 hrs. 0 min.9. Birthplace St Michaels Md
(Town, county, and state)10. Usual occupation none

11. Industry or business

12. Name John Mitchell13. Birthplace St Michaels Md14. Maiden name not known15. Birthplace St Michaels Md16. Informant Helen ZimmetAddress 41 West St. Easton, Md17. Burial Date thereof 12/27/48
(Burial, cremation, or removal. Which) (month) (day) (year)Cemetery or crematorium St MichaelsLocation St Michaels Md18. Funeral director W. HenryAddress Easton Md19. 12/24 48 N.H. Neerue
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town St Michaels, Maryland
(If outside city or town limits, write RURAL and give nearest town)Street No. ---
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23-48 19 48 at 4:25p M21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 30 Nov 1948 to 23 Dec 1948and that I last saw him alive on 23 Dec 48 1948Immediate cause of death Bronchopneumonia DURATION 3 daysDue to PneumoniaDue to Fract. left hip 30 Nov 48Other conditions Fract. left hip

(Include pregnancy within 3 months of death)

Major findings of operations same Date of op. ---Autopsy results ---

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accident, suicide, or homicide --- Date of ---Where did injury occur? --- (City, or town) (County) (State)Injured at home, farm, industry, or other place (where?) --- 12/20/49 (State)Means of Injury --- Injured at work? ---23. SIGNATURE J. F. Kormanik M.D. M. D. or otherAddress Easton, Md Date signed 24 Dec 48

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JAN 3 1949

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and definitely.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: *Telhar*
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? *58 min.*
Hospital, institution, or street address where death occurred:
Memorial Hospital, Eastern, Md.
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State.....*Maryland*..... County.....*Caroline*.....
City or town.....*Preston*.....
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....☒

3. (a) FULL NAME

Baby Girl Todd.

3. (b) Social Security Number

4. Sex.....*F*..... 5. Color or race.....*W.*..... 6.(a) Single, married, widowed, or divorced.....
B.(b) Name of husband or wife.....
7. Birth date of deceased (mo., day, yr.) *12-3-48.* 6.(c) If alive, give age..... years
8. AGE: Years..... Months..... Days..... If less than one day..... hrs. *58* min.

9. Birthplace.....*Telhar - Eastern, Md.*
(Town, county, and state)
10. Usual occupation.....*None*

11. Industry or business

FATHER
12. Name.....*William Bennett Todd.*
13. Birthplace.....*Preston, Md.*
MOTHER
14. Maiden name.....*Ann Mae Manning*
15. Birthplace.....*Philadelphia*

16. Informant.....*William Bennett Todd.*
Address.....*Preston, Md.*
17. *Cremation* Date thereof.....*12/4/48*
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory.....*Memorial Hospital*
Location.....*Eastern, Md.*

18. Funeral director.....*Memorial Hospital*
Address.....*Eastern, Md.*

19. *12/4* 19 *48* *N. B. Neer*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....*12-3-48*..... 19..... at *10/p* M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
12/3 19 *48* to *12/3* 19 *48*
and that I last saw h. a. a. alive on *12/3* 19.....

Immediate cause of death.....*Erythroblastosis fetalis*..... DURATION *58 min.*

Due to.....*Rh. Negative factor*

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....*Frank M. Embryson, M.D.*..... M. D. or other

Address.....*Federburg, Md.*..... Date signed.....*12/3/48*

UNITED STATES DEPARTMENT OF JUSTICE

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BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Dec 27 to Dec 28
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution? 8 days, 8 hrs. 30 min

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Talbot
 City or town Easton Rural R.F. #1
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Percy Warner

3. (b) Social Security Number

4. Sex M 5. Color or race Br 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Elyza Warner
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) _____
 8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hrs. _____ min.
Approx. 90
unknown

9. Birthplace Talbot County
 (Town, county, and state)
 10. Usual occupation Farmer

11. Industry or business

12. Name Frank Guff
 13. Birthplace Talbot County
 14. Maiden name Hermie Warner
 15. Birthplace Talbot County

16. Informant Elyza Warner
 Address R.F. #1 Easton Md

17. Burial Date thereof 1/3/49
 (Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Easton R.D.
 Location Easton R.D. Ind

18. Funeral director Levy W. Henry
 Address Easton Md.

19. 12/31 19 48 N.H. Neuner
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 19 48 at 6:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 27 19 48 to Dec 30 19 48
 and that I last saw him alive on Dec 30, 1948

Immediate cause of death Heart failure DURATION 1 1/2 hr

Due to Arterio sclerosis 2
Sclerotic kidneys 2

Due to _____

Other conditions Hypertrophied prostate

(Include pregnancy within 3 months of death)

Major findings of operations 0

Date of op. _____

Autopsy results 0

PHYSICIAN: Please underline the cause to which death should be charged etiologically.

22. VIOLENCE: If death was due to external causes, fill in the following:

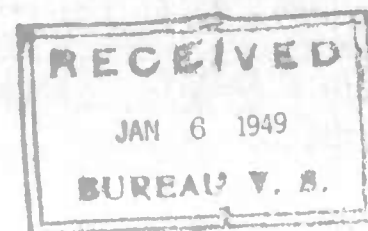
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

Signature John Schneider, M.D.
Easton, Md M.D. or other _____
 Address _____ Date signed Dec 31, 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Rural Cordova
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot
 City or town Rural Cordova
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Susie Blanche Wright

3. (b) Social Security Number

4. Sex F 5. Color or race C 6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife Rifred Wright

7. Birth date of deceased (mo., day, yr.) May 16, 1897 6.(c) If alive, give age _____ years

8. AGE: Years 51 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Talbot Maryland
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name George Green

13. Birthplace Queen Anne Co.

14. Maiden name Susie Carter

15. Birthplace Queen Anne Co.

16. Informant Ada Green

Address Queen Anne, Md.

17. Buried Date thereof 12-19-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Centerville Cemetery

Location Centerville, Md.

18. Funeral director J. Elgin Moore & Son

Address Baltimore, Md.

19. 12/16 19 48 N.H. Neer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 15, 1948 at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 19, 48 to Dec 15, 48 and that I last saw him alive on December 15, 48

Immediate cause of death Coronary Thrombosis DURATION 29 hrs.

Due to Hypertensive Cardiovascular Renal Disease 2 yrs

Due to _____
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE William C. Hume, MD M. D. or other

Address Queen Anne, Md. Date signed Dec 15, 1948

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Concord

March 1, 1948

(This document is for the use of the Bureau only)

of Security Matters

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DEC 21 1948
BUREAU V. S.